2004	4 NOT-FOR-PRO ANNUAL R	FIT CORPOREPORT (AR)	RATION	- Ma	FILE		am
DOCUMENT # N46285 1. Entity Name				Mar 24, 2004 8:00 am Secretary of State			e
PAFRIEND USERS GROUP, INC.				03	3-24-2004 90037 02	26 ****61.25	5
Principal Place of Business			<u>.</u>				
9000-106TH AVE N LARGO FL 33777 US		C/O RONALD PALMER 11533 86TH AVE N SEMINOLE FL 33772 US		, I IEIEKK) DI			
2. Principal Place of Business		3. Mailing Address P. O. Box 1392					
Suite, Apt. #, etc.		Suite, Apt. #, etc. LAR60, FC		<u>≋_</u> N	OORE CR2E	037 (11/03)	
City & State		City & State		4. FEI Number	4. FEI Number Applied For 59-3098331 Not Applicable		
Zip	Country	33779	Country U.S.A	5. Certificate of S	Status Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Current	Registered Agent	- Name	7. Name and Ad	dress of New Registere	d Agent	÷ / ===
PALMER, RONALD G 11533 86 AVE. N				Street Address (P.O. Box Number is Not Acceptable)			
SEMI	NOLE FL 33772						
		City			FL Zip Code		
	named entity submits this statement fo	r the purpose of changing its r	egistered office or rec	istered agent, or both, it	n the State of Florida. 1 a	am familiar with,	and accept
SIGNATURE -	Signature, typed or printed name of registered agent	and fills if applicable (NOTE-	Registered Agent signature re	oured when reinstation)		F	
	ILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		eck Payable partment of S	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AND	the second s	
NAME	DP PALMER, RONALD 11533 86TH AVE N	Delete	TITLE ANAME	225 COUNT	Ry CUB E	XChange m. #D-	□ Addition - 2-3&
UNICE ADDITEOU	SEMINOLE FL 33772		CITY-ST-ZIP	LARGO	O,FL 3	3771	
NAME	DV CASSIDY, PATRICIA 2434 AUSTRALIA WAY E. #52	· Delete	TITLE NAME STREET ADDRESS			Change	Addition
6113-31-20	CLEARWATER FL 33763		CITY-ST-ZIP TITLE		. <u></u>	Change	Addition
NAME STREET ADDRESS	PETERSON, HARMEL		NAME STREET ADDRESS CITY-ST-ZIP	⊷, ∾,	· · ·		
title Name	DS TEMPLIN, BARBARA 11559 WOODBRIDGE BLVD	Delete	TITLE NAME			Change	Addition
CITY-ST-ZIP	SEMINOLE FL 33772		STREET ADDRESS City - St - Zip			-	
TITLE NAME STREET ADDRESS	VT HAUGE, MAUREEN 540 BOCA CIEGA POINT BLVD S	Delete	TITLE NAME STREET ADDRESS			🗌 Change	Addition
CITY-ST-ZIP	SAINT PETERSBURG FL 33708		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS	D PETERSON, ANN 5232 72ND WAY N SAINT PETERSBURG FL 33709	Delete	TITLE NAME STREET ADDRESS			Change	Addition
1 P. 11 A.	ertify that the information supplied wit on this report or supplemental report opration or the receiver or trustee emp or on an attachment with an address.	يحقصاه استعم مقمس مممم أسمم مريط م	nu aiaaatu wa ahali hau	a tha cama local affact o	a if made under ooth th	ot Loro an official	or director
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/21/84 (727) 488-8105- Date Date Date Date Date Date Date Date							